Exhibit A

Form 205 (Revised 07/10)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709 Filing Fee: \$300



Certificate of Formation Limited Liability Company This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

JAN 2 3 2013

Corporations Section

Article 1 – Entity Na	me and Type
The filing entity being formed is a limited liability com-	pany. The name of the entity is:
Cellular Communications Equipment LLC The name must comain the words "limited liability company," "limited co	impany," or an abbreviation of one of these phrases.
Article 2 – Registered Agent (See instructions, Select and complete g	and Registered Office ither A or B and complete C.)
A. The initial registered agent is an organization (c	annot be entity named above) by the name of:
Registered Agent Solutions, Inc.	
OR B. The initial registered agent is an individual resi	dent of the state whose name is set forth below:
M.I. Las	ı Name Suffix
First Name C. The business address of the registered agent and the	e registered office address is:
	TX 78744
1701 Directors Blvd., Suite 300 Austin Street Address City	State Zip Code
Article 3—Governo (Select and complete either A or B and provide the range A. The limited liability company will have manage manager are set forth below.	gers. The name and address of each initial
B. The limited liability company will not have mamembers, and the name and address of each initial me	anagers. The company will be governed by its mber are set forth below.
GOVERNING PERSON 1 NAME (Enter the name of either an individual or an organization, but not both. IF INDIVIDUAL)
First Name M.I. La OR IF ORGANIZATION	ist Name Suffix
Acacia Research Group LLC	
Organization Name	
ADDRESS 6126 Estado Square RIVA Suite 385 Frisco	TX : USA : 75034,
6136 Frisco Square Blvd, Suite 385 Frisco	State N. Country S Zip Code

City

Street or Mailing Address

OVERNING PERSON 2					
AME (Enter the name of either an individual IF INDIVIDUAL)	d or an organization, but t	not both.)			
		I Nome			Suffix
First Name	M.I.	Last Name			-
OR					
IF ORGANIZATION					
Organization Name				<u>"</u>	
ADDRESS					
			State	Country	Zip Code
Street or Mailing Address	Ci	<u> </u>	.,,,,,,		
GOVERNING PERSON 3	tuni sa but	care both 1			
NAME (Enter the name of either an individu IF INDIVIDUAL	ial or an organization, on	·			
		Last Name			Suffix
First Name	<i>M.I.</i>	Last Nume			•
OR					
IF ORGANIZATION					
Organization Name					
ADDRESS					
		****	State	Country	Zip Code
Street or Mailing Address		City			
	Artic	le 4 – Purpose			
The purpose for which the co which a limited liability comp	mpany is formed bany may be orga	l is for the transaction inized under the Te	on of any and kas Business	l all lawf Organiza	ul purposes to itions Code.
		Provisions/Inform			

Text Area: [The attached addendum, if any,	is incorporated herein by reference.	
]		
	, ''	

Form 205 5

Organizer

The name and address of the organizer:			
Cheryl Willeford			
Name			
Contan Daive 7th Floor	Newport Beach	CA	92660
500 Newport Center Drive, 7 th Floor Street or Mailing Address	City	State	Zip Code
Effectiveness of	Filing (Select either A, B, or C.)		
A. This document becomes effective when	the document is filed by the s	ecretary of	state.
B. This document becomes effective at a l	otor data which is not more tha	an nincty (00) days from
B. This document becomes effective at a 1	aler date, which is not thing the		, -
the date of signing. The delayed effective dat	e is:	fact other	than the
C. This document takes effect upon the oc	currence of the future event of	lact, care.	
passage of time. The 90 th day after the date o	1 signing is:	nnor descri	hed below:
The following event or fact will cause the doc	cument to take effect in the ma	mici deseri	bed below:
	Execution		
The undersigned affirms that the person appointment. The undersigned signs this do submission of a materially false or fraudulent undersigned is authorized to execute the filing	instrument and certifies under		
Date: January 23, 2013	Signature of organizer		
	Cheryl Willeford		
	Printed or typed name of organizer		

Form 205 6

Case 2:20-cv-00078-JRG Document 79-3-4145221/16/20 Pageiling Number et al 12/16/20 Pageiling N

TX2014 Ver. 5.0

05-102 (Rev.9-13/32)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Taxpayer number	■ Report	year			You have cert	tain rights ι	ınder Chapte	r 552 and	d 559,
32050003717	2	014		Gov	vernment Code, to we have on file ab				
Taxpayer name CELLULAR COMMUNICATIONS EQUIP	MENT L	LC			Check box if the	mailing ad	dress has ch	anged.	
Mailing address 2400 DALLAS PARKWAY, SUITE 20	n			•		ary of State		numbe	ror
City State PLANO TX	<u> </u>		1P Code 2 5 0 9 3	Plus 4	Compi	.roner mer			
Check box if there are currently no changes from previous yea	r; if no informa	ation is disp	layed, complete	the applicabl	e information in	Sections A,	, B and C.		
Principal office			· ·						
SAME AS ABOVE Principal place of business		•							
	antion is rong	utod ac of	tha data a Bubli	c Informatio					
Please sign below: Please sign below: Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year. SECTION A Name, title and mailing address of each officer, director or manager. Name Title Director Term expiration Mailing address City State ZIP Code Name Title Director Term expiration Mailing address City State ZIP Code Name Title Director Term expiration Term expiration State ZIP Code Name State ZIP Code SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more. Name of owned (subsidiary) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownersh SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company. Name of owned (subsidiary) corporation or limited liability company Section C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company. Name of owned (subsidiary) corporation or limited liability company Section C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.									
		manager.		Director	- 		d d		у
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Mailing address	City				State		ZIP Code		
SECTION B Enter the information required for each corpor	ration or LLC	, if any, in	which this ent	ity owns an	interest of 10 p	percent o	r more.		
Name of owned (subsidiary) corporation or limited liability company		State of fo	rmation	Texas S	OS file number, if	any Per	centage of c	wnershi	p
Name of owned (subsidiary) corporation or limited liability company		State of fo	rmation	Texas S	OS file number, if	any Per	centage of c	wnershi	qi
•	ration or LLC	, if any, th	at owns an inte	erest of 10 p	percent or mor	e in this ei	ntity or lim	ited	
Name of owned (parent) corporation or limited liability company ACACIA RESEARCH GROUP, LLC		State of fo DE	rmation	Texas S	OS file number, if	any Per		wnershi	
Registered agent and registered office currently on file (see instructions Agent:	if you need to m	ake change	s)		k box if you nee			format	ion.
Office:			City		Sta	ate	ZIP Co	de	
The above information is required by Section 171.203 of the Tax Code fo for Sections A, B, and C, if necessary. The information will be available for			ed liability compa	ny that files a T	exas Franchise Ta	ıx Report. Us	se additional	sheets	
I declare that the information in this document and any attachments is been mailed to each be soon named in this report who is an officer, direct	true and correct	t to the bes	t of my knowledge not currently em	e and belief, as ployed by this	of the date below or a related, corp	v, and that a oration or li	copy of this	report h	nas any.
sign / / / A Son / A/A	Title	° CPC)	Date	1/2014	Area code	and phone r	umber	
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Texas Franchise Tax Public Information ReportTo be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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	This report MUST be signed and filed to satisfy franchise tax requirements
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TX2016 Ver. 7.0 05-102 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Icode 13190						
Taxpayer number	Report	year		You have certain	rights under Chapter 55	52 and 559,
32050003717	2	016	G		ew, request and correct in you. Contact us at 1-800	
Taxpayer name CELLULAR COMMUNICATIONS EQUI	PMENT L	LC		Check box if the ma	illing address has chan	ged.
Mailing address 1701 DIRECTORS BLVD. STE 300					of State (SOS) file nu ler file number	mber or
City State AUSTIN TX		ZIP code plus 4 7 8 7 4 4	1044		722018	
Check box if there are currently no changes from previous ye	ear; if no informa					
Principal office						
SAME AS ABOVE Principal place of business						
SAME AS ABOVE 'ou must report officer, director, member, general partner and m	nanager informa	ntion as of the date you c	omplete this re	eport.		
Please sign below! This report must be sign	•	ŕ	•		 	
SECTION A Name, title and mailing address of each office				•	,20300037171	. •
Name	Title	bei, general parene	Director		m m d d	у у
ROBERT L. HARRIS	EXECUTI	IVE CHAIRMAN	X YES	Term expiration		
Mailing address	City	RT BEACH		State	ZIP Code	10.0
520 NEWPORT CENTER DR,12TH F	L NEWPOR	KI DEACH	Director		192660 mmdd	у у
MARVIN KEY	CEO		X YES	Term expiration		
Mailing address	City	RT BEACH		State CA	ZIP Code 92660	
Name	Title	XI BEACH	Director		m m d d	у у
CLAYTON J. HAYNES	CFO		X YES	Term expiration		
Mailing address 520 NEWPORT CENTER DR,12TH F	City	RT BEACH	1	State CA	ZIP Code 92660	
SECTION B Enter information for each corporation, LLC,			in which this			or more
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instit	ution	State of formation	Texas	SOS file number, if any	y Percentage of owr	nership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instit	ution	State of formation	Texas	SOS file number, if any	y Percentage of owr	nership
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SECTION C Enter information for each corporation , LLC,				·		
Name of owned (parent) corporation, LLC, LP, PA or financial institution ACACIA RESEARCH GROUP, LLC	·n 	State of formation DE		SOS file number, if any 01360610		0.00
Registered agent and registered office currently on file (see instruction Agent:	ns if you need to m	nake changes)			etary of State to change i	
		City	ugent, regist	State	ZIP Code	
Office: The information on this form is required by Section 171.203 of the Tax			ancial institution	n that files a Texas Fran	chise Tax Report. Use ac	lditional
heets for Sections A, B and C, if necessary. The information will be ava I declare that the information linking document and any attachments	is true and correc	ct to the best of my knowle				
been mailed to each person named in this report who is an officer, di LLC, LP, PA or financial institution.			r and who is no			
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

Taxpayer number	■ Report	year			You have ce	rtain righ:	ts under	Chapter	552 and 559
32050003717	2	017			nment Code, t have on file o		•		
Taxpayername Cellular Communications Equip	oment L	LC	•	■ □ Ch	eck box if th	e mailing	address	has cha	anged.
Mailing address 1701 Directors Blvd. STE 300			-	<u> </u>		tary of St			number or
City State Austin TX		ZIP	code plus 4 3 7 4 4	1044)1722			
Check box if there are currently no changes from previous ye	ar: if no informa								
Principal office			,,				, .	.	
Same As Above Principal place of business							 		
Same As Above									
You must report officer, director, member, general partner and me	_				t.				
Please sign below! This report must be signed	ed to satisf	y franchis	se tax requi	rements.	1101190	320	5000	3717	17
SECTION A Name, title and mailing address of each office		ember, gene							
Name	Title		[Director	Term	m	m d	d	у у
Robert Stewart	Preside	ent		YES	expiration				
Mailing address 520 Newport Center Dr. 12th	City FINEWDO:	rt Rea	ch		State CA			Code 2660)
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SECTION B Enter information for each corporation, LLC, I	LP, PA or finar	ncial institut	ion, if any, in v	vhich this en	tity owns a	n interes	t of 10	percen	t or more
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ition	State of form	nation	Texas SOS	file number,	if any	Percent	age of ov	wnership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ition	State of form	nation	Texas SOS	file number,	if any	Percent	age of ov	wnership
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SECTION C Enter information for each corporation , LLC,						-			
Name of owned (parent) corporation, LLC, LP, PA or financial institution Acacia Research Group, LLC	n	State of form DE	nation	Texas SOS 0 8 0 1	file number, 36061	if any	Percent		wnership
Registered agent and registered office currently on file (see instruction	ns if you need to m	nake changes)	У	ou must make a	=:		of State		- :
Agent:		16		gent, registered			informa		
Office:		Ci				itate		ZIP Cod	
The information on this form is required by Section 171.203 of the Tax C sheets for Sections A, B and C, if necessary. The information will be available.			, LP, PA or financia	l institution tha	nt files a Texas	Franchise	Tax Rep	ort. Use a	additional
I declare that the information in this document and any attachments been mailed to each personnament in this report who is an officer, and	is true and corre	ct to the best o	of my knowledge er or manager and	and belief, as o who is not cur	f the date bel rently emplo	ow, and th	at a cop	y of this	report has coration,
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Taxpayer number	Report	year			You have certain ri	ights under Chapter 552 and 559,
32050003717	2	018				y, request and correct information ou. Contact us at 1-800-252-1381.
Taxpayername Cellular Communications Equi	ipment I	LC		■ X Che	eck box if the maili	ng address has changed.
Mailing address 6136 Frisco Square Blvd, Sui	Lte 400					f State (SOS) file number or r file number
City State TX			ode plus 4 034		080172	22018
Check box if there are currently no changes from previous	year; if no inform	ation is displaye	ed, complete the	applicable ir	nformation in Secti	ions A, B and C.
Principal office Same As Above						
Principal place of business Same As Above						
You must report officer, director, member, general partner and the please sign below! This report must be sign.	ned to satisf	fy franchise	tax require	ments.		205000371718
SECTION A Name, title and mailing address of each offi	cer, director, m	ember, gener		anager. ector	m	m d d y y
, and				T YES	Term	
Mark W. Booth Mailing address	CEO City				expiration	ZIP Code
520 Newport Center Dr. 12th		rt Beac	h		State CA	92660
Name	Title		Dire	ector	Term m	m d d y y
Kirsten Hoover	CFO		L	YES	expiration	
Mailing address 520 Newport Center Dr. 12th	City F Newpo	rt Beac	ch		State CA	ZIP Code 92660
Name	Title	-	Dire	ector	Term m	m d d y y
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Mailing address	City				State	ZIP Code
SECTION B Enter information for each corporation, LLC	, LP, PA or fina	nclal institution	on, If any, in wh	ich this ent	ity owns an Inte	rest of 10 percent or more.
Name of owned (subsidiary) corporation, LLC, LP, PA or financial inst	itution	State of forma	itlon	Texas SOS	file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial inst	Itution	State of forma	ation	Texas SOS	file number, if any	Percentage of ownership
SECTION C Enter information for each corporation, LL	C, LP, PA or fina	ancial instituti	on, if any, that	owns an in	terest of 10 perc	ent or more in this entity.
Name of owned (parent) corporation, LLC, LP, PA or financial institut Acacia Research Group, LLC		State of forma	ation		file number, if any 360610	Percentage of ownership 100.00
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The Information on this form is required by Section 171.203 of the Ta sheets for Sections A, 8 and C, if necessary. The information will be as			.P, PA or financial i	nstitution tha	t files a Texas Franch	nise Tax Report, Use additional
I declare that the information in this document and any attachmen been mailed to each person named in this report who is an officer, LLC, LP, PA or financial institution.	director, member,	general partner	or manager and w	rho is not curi	the date below, and rently employed by	d that a copy of this report has this or a related corporation,
sign Aux Au		CFU	Da	11/9/18	Are.	a code and phone number 149–480 –8307
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Case 2:20-cv-00078-JRG Document 79-3 Filed 12/16/20 Page 10 of 10 PageID #: 2572

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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

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City AUSTIN	State T	×. 	ZIP code plus	4 78	3744-104	4 080	0172201	8		
Blacken box if there are currently no c	hanges from previous y	year, if no inform	nation is displayed, compl	ete the ar	oplicable in	formation in	Sections	A, Ba	ind C.	
Principal place of business						_	######################################	1 1 1 1 1 1 1 1 1 1 1 1		
ou must report officer, director, member,										
Please sign below! This repo	rt must be signed	d to satisfy	franchise tax requ	irement	ts.	***************************************	32	050	00371	719
ECTION A Name, title and mailing add	ress of each officer, dire	ector, member, g	general partner or manag					7020		
Name		Title		Direc	tor		m	m	d d	У
					YES	Term expiration				
Mailing address		City				State		I	ZIP Code	
Name		Title		Direc	tor		m	m	d d	У
					YES	Term				
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					,	Term expiration				
Mailing address		City		•		State			ZIP Code	
SECTION B Enter information for each	ch corporation LLC	I P PA or fir	nancial institution if a	nv in w	hich this	entity owns	an inter	est of	10 perce	nt or m
Name of owned (subsidiary) corporation, LL			State of formation	, , , , , , , , , , , , , , , , , , ,		S file number,		\neg	entage of	
Name of owned (subsidiary) corporation, LL	C, LP, PA or financial in	stitution	State of formation		Texas SO	S file number,	ıf any	Perc	entage of	ownersl
SECTION C Enter information for each	ch corporation IIC	: IP PA or fi	inancial institution if	any that	owns an	interest of	10 perc	ent or	more in t	his ent
Name of owned (parent) corporation, LLC, I		· · · · · · · · · · · · · · · · · · ·	State of formation	arry, triat		S file number,		_	entage of	
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Registered agent and registered office curre Agent:	intly on file (see instruct	tions if you need	d to make changes)			filing with the office or gene				registere
Office:			City				State		ZIP Cod	de
he information on this form is required by Secti heets for Sections A, B and C, if necessary. The inf				ancial inst	itution that	files a Texas	Franchise	Tax Re	eport Use a	dditional
I declare that the information in this documen				edge and	holiof as o	f the date he	low and	that a	conv of the	s renort
been mailed to each person named in this re	•									
LLC, LP, PA or financial institution	·									
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